



CONTRACT AWARD SHEET
Internal Services Department
Procurement Management Services

*Bid No. **RFP711***
Award Sheet

Team 4 DIVISION

BID NO.: **RFP711**

PREVIOUS BID NO.: **RFP673**

TITLE: **EMPLOYEE GROUP DENTAL INS PROGRAM**

CURRENT CONTRACT PERIOD: **08/09/2010** through **12/31/2013**

Total # of OTRs: **3**

MODIFICATION HISTORY

*Bid No. **RFP711***

Award Sheet

DPM Notes

APPLICABLE ORDINANCES

LIVING WAGE: **No**

UAP: **No**

IG: **No**

OTHER APPLICABLE ORDINANCES:

CONTRACT AWARD INFORMATION:

No Local Preference

No Micro Enterprise

No Full Federal Funding

No Performance Bond

No Small Business Enterprise (SBE)

No PTP Funds

No Partial Federal Funding

Yes Insurance

Miscellaneous:

REQUISITION NO.:

PROCUREMENT AGENT: **CARBALLEIRA, MARIA**

PHONE: 305 375-4260

FAX: 305 375-5688

EMAIL: **MC5@MIAMIDADE.GOV**

DEPARTMENT OF PROCUREMENT MANAGEMENT

Team 4 DIVISION

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VENDOR NAME: **METROPOLITAN LIFE INSURANCE**
 DBA:
 FEIN: **135581829** SUFFIX : **03** CITY:NEW YORK ST: **NY** ZIP: **10166**
 STREET: **200 PARK AVENUE**
 FOB_TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET** TOLL PHONE: **-**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
DONALD SWANSON	630-978-5990	-	-	DLSWANSON@METLIFE.COM

VENDOR NAME: **HUMANADENTAL INSURANCE COMPANY**
 DBA:
 FEIN: **390714280** SUFFIX : **01** CITY:DEPERE ST: **WI** ZIP: **54115**
 STREET: **325 REID STREET**
 FOB_TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET** TOLL PHONE: **800-233-6447**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor: **No**

SBE	No	Set Aside	No	Bid Pref.	No
Micro Ent.	No	Selection Factor	No	Goal	No
Other:	Vendor Record Verified? No				

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
Connie Oropesa	305-626-5241		305-370-6398	coropesa3@HUMANA.COM

ITEMS AWARDED Section:Details: **RFP711**

See attached contracts for details.

Item # DescriptionQtyUnit Price**End of ITEMS AWARDED Section****AWARD INFORMATION Section**BCC Award: **Yes**DPM Award: **No**BCC Date: **07/20/2010**DPM Date: **06/14/2010**Contract Amount: \$ **7,900,000.00**

Additional Items Allowed:

Agenda Item No.: **14 A 3(101602)**

Special Conditions:

BCC Approved:7/20/10**BPO INFORMATION Section:**

1	ABCW1001174	
	Commodity ID	Commodity Name
	953	INSURANCE, ALL TYPES
	Department	Department Allocation
	GS	\$7,900,000.00

End of BPO Information Section